



BULVERDE AREA HUMANE SOCIETY
PO BOX 50, BULVERDE, TEXAS 78163
830-980-BAHS (2247)

ADOPTION APPLICATION

Date: _____ Adoption Pet: _____

Name: _____

Address: _____

City/State/Zip: _____ Email: _____

Phone: (daytime) (____) _____ (evening) (____) _____

Are you at least 18 years of age? Yes No

How many people live in your home? _____ Are any of them under 18? Yes No

List the ages of anyone under 18: _____

Does anyone in your home have pet allergies? Yes No

Is everyone in the home agreeable and aware of your interest in adopting? Yes No

Where do you live? House Apartment Townhouse/Condo Mobile Home

Does your home have a fenced yard? Yes No

If yes, type and height: _____

Do you: Own Rent Live with a relative or friend

If renting or living with someone else, provide name and telephone number for landlord or person you are living with.

Name: _____

Telephone Number: _____

Care of the Pet and Previous Pet History

Who will be responsible for taking care of this pet? _____

Where will the pet be kept: indoors outdoors Both indoors and outdoors

If outdoors, what type of shelter is available for the animal?

Dog House Shed/Outbuilding Trees/Bushes Covered Patio

Approximately, how many hours a day will your new pet be alone?

Almost Never 1 - 6 hours 6 - 10 hours 10+ hours

Where will the pet spend the hours you are away?

Loose in the house Confined to a room(s) Kennel/Crate Outside
 Other _____

Where will the pet sleep?

Outside Inside the house Inside another structure

If in the house, what room? _____

What will you do with your pet if you go on vacation? _____

What will you do with your pet if you must move? _____

What will you do if you can no longer keep the pet? _____

Is this your first pet? Yes No If no, please list current and prior pets:

Species	Age	Spayed/ Neutered	Vaccinations current	Where is the pet now?
Dog/Cat	_____	yes/no	yes/no	_____
Dog/Cat	_____	yes/no	yes/no	_____
Dog/Cat	_____	yes/no	yes/no	_____
Dog/Cat	_____	yes/no	yes/no	_____
Dog/Cat	_____	yes/no	yes/no	_____

Do you have a regular veterinarian? Yes No

If yes, name and telephone number: _____

Signature _____

Date _____

Adoption Donation Received: \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____
